

#3

PRINTED JULY 1988

DECLARATION AND POWER OF ATTORNEY — PATENT APPLICATION

As a below named inventor, I hereby declare: that my citizenship, residence and post office address are as stated below; that I verily believe I am the original, first and sole inventor (if only one is named below) or a joint inventor (if plural inventors are named below) of the invention entitled:

METHOD AND APPARATUS FOR REGENERATING NERVES, the
specification of which

(check one) _____ is attached hereto

X was filed on October 14, 1988 as
Application Serial No. 07/258,142
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Claimed			Priority	
Number	Country	Filing Date	Yes	No
_____	_____	_____	_____	_____
Number	Country	Filing Date	Yes	No
_____	_____	_____	_____	_____
Number	Country	Filing Date	Yes	No
_____	_____	_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (Patented, pending, abandoned)
_____	_____	_____
Application Serial No.	Filing Date	Status (Patented, pending, abandoned)
_____	_____	_____

I hereby appoint as principal attorneys William R. Coffey, Reg. No. ³⁰¹24023; Jerry E. Hyland, Reg. No. 20904; Richard D. Conard, Reg. No. 27321; James A. Coles, Reg. No. 28291; Andrew James Richardson, Reg. No. 26983; Richard A. Rezek, Reg. No. 30796; Roland A. Fuller III, Reg. No. 31160; Steven R. Lammert, Reg. No. 27653; Richard R. Clapp, Reg. No. 31751; David R. Melton, Reg. No. 26391; Donald D. Evenson, Reg. No. 26160; Perry Palan, Reg. No. 26213; Paul Barker, Reg. No. 32013; Walter W. Burns, Reg. No. 29470; Paul M. Craig, Jr., Reg. No., 16823; Mark M. Newman, Reg. No. 31472; Ryan M. Fountain, Reg. No. 30751; and Charles V. Sweeney, Reg. No. 32359 my attorneys with full power of substitution and revocation, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith, and I specify that communications regarding the application be directed to:

⁶⁰¹
⁶⁰¹ BARNES & THORNBURG
⁷⁰¹ 4313 Merchants Bank Building
⁷⁰¹ 11 South Meridian Street
Indianapolis, Indiana 46204
Telephone (317) 638-1313

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

⁴⁰¹ Richard B. Borgens

Full Name of Sole or First Inventor

Inventor's Signature

R. R. 4, Box 161

Place of residence

^{TN}
Delphi, Indiana 46923

United States

Citizenship

Date

^{11/9/88}

¹⁰² Michael E. McGinnis

Full Name of Second Joint Inventor, if any

Inventor's Signature

220 West Stadium Avenue

Residence and Post Office Address

^{TN}
West Lafayette, Indiana 47906

United States

Citizenship

Date

^{12/9/1988}

Full Name of Third Joint Inventor, if any

Inventor's Signature

Residence and Post Office Address

Citizenship

Date

Additional inventors to be similarly identified on attached sheet.

#3

Applicant or Patentee: Richard B. Borgens & Michael E. McGinnis Attorney's
Serial or Patent No.: _____ Docket No.: 3220-18158
Filed or Issued: _____
For: METHOD AND APPARATUS FOR REGENERATING NERVES

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9 (f) and 1.27 (d)) — NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION Purdue Research Foundation
ADDRESS OF ORGANIZATION Division of Sponsored Programs, 328 ENAD,
West Lafayette, Indiana 47907

TYPE OF ORGANIZATION

- ☐ University or other institution of higher education
☒ Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3))
☐ Nonprofit scientific or educational under statute of state of The United States of America
(Name of state _____)
(Citation of statute _____)
☐ Would qualify as tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c) (3)) if located in
The United States of America
☐ Would qualify as nonprofit scientific or educational under statute of state of The United States of America if located
in The United States of America
(Name of state _____)
(Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9 (e) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled Method and Apparatus for Regenerating Nerves by inventor(s) Richard B. Borgens and Michael E. McGinnis described in

- ☒ the specification filed herewith
☐ application serial no. _____, filed _____
☐ patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9 (d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____
ADDRESS _____
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

WEB NAME OF PERSON SIGNING Robert A. Greenkorn
TITLE IN ORGANIZATION Vice-President for Research
ADDRESS OF PERSON SIGNING Purdue University, Hovde Hall, Room 222
West Lafayette, IN 47907

SIGNATURE _____

DATE 10/10/88